

Landmark EPSDT Guidance: Highlights, Lowlights, and Everything In Between

October 1, 2024

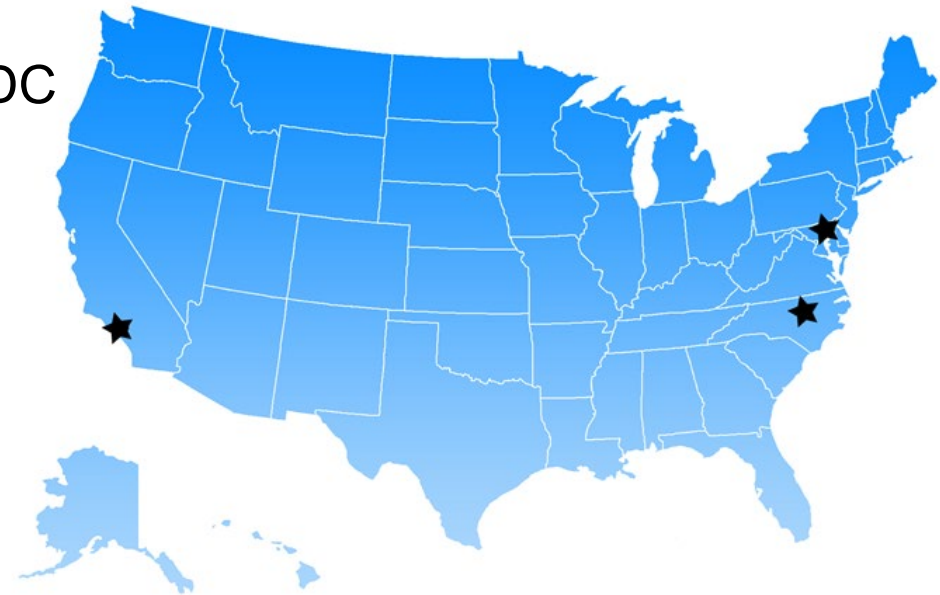


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Health equity is achieved when a person's characteristics and circumstances — including race and ethnicity, sex, gender identity, sexual orientation, age, income, class, disability, health, immigration status, nationality, religious beliefs, language proficiency, or geographic location — do not predict their health outcomes.

<https://healthlaw.org/equity-stance/>

Goals of the Webinar

In this webinar, we will:

- Review EPSDT requirements
- Explain the Guidance, highlighting strengths & weaknesses
- Discuss next steps for advocates to help improve EPSDT



Medicaid Early & Periodic Screening, Diagnostic & Treatment (EPSDT)

- Comprehensive approach to pediatric care for those <21y.o.
- EPSDT's Statutory Promise:
 1. Early and Periodic Screening
 - Interperiodic screening
 2. Early Diagnostic & Treatment Services
 3. Scope of Benefits = 42 U.S.C. § 1396d(a), SSA § 1905(a)
 4. Medical Necessity = Correct or Ameliorate
 5. Arrange for services the child needs

The right care to the right child at the right time in the right setting.



Bipartisan Safer Communities Act (2022)

- Instructs CMS to:
 - Identify gaps in/barriers to state compliance with EPSDT requirements
 - Provide technical assistance to states
 - Issue Guidance to states that includes best practices
 - Report to Congress
 - *EPSDT - A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents*
- Pub. L. No. 117-159, § 11004

SHO #24-005 – Best Practices for Adhering to EPSDT Requirements (Sept. 26, 2024)

Topics Covered:

- Promoting EPSDT awareness & accessibility
- Expanding & using a child-focused workforce
- Improving care for children with specialized needs

SHO #24-005 – Best Practices for Adhering to EPSDT Requirements, cont'd

Organization for each topic:

- Overview of EPSDT requirements
- Strategies for compliance
- Best practices to maximize use of EPSDT

Promoting Awareness & Accessibility

- **Covered topics:**

- Improving awareness through informing
- Providing scheduling assistance and transportation
- Care coordination and case management
- Ensuring consideration of EPSDT in states' Medicaid policies and procedures
- Using managed care

Promoting Awareness & Accessibility

- **EPSDT Requirements:**
 - Use written and oral informing methods
 - Inform within 60 days of eligibility, annually thereafter
 - Ensure accessible, no cost formats for individuals who are deaf, blind, cannot understand/read English language
 - Offer appointment scheduling and transportation assistance
 - Ensure case management & care coordination are available
 - Prior authorization case-by-case and cannot delay needed Tx
 - Prior authorization and fair hearing systems must apply “correct or ameliorate” standard
 - Ensure the EPSDT Requirements in MCPs
 - E.g., MCPs must ensure adequate pediatric networks

Promoting Awareness & Accessibility

Strategies & Best Practices

- **Informing**
 - Consider LEP and CLAS when designing handbooks
 - Supplement handbooks with web-based information, social media, electronic communication*
- **Scheduling assistance**
 - Require MCPs to provide proactive outreach and assistance & *monitor**
 - Employ Children's Resource Centers*
 - Beneficiary contact line, practice-level dashboards*



Promoting Awareness & Accessibility Strategies & Best Practices, cont'd

- **Transportation**
 - Use a fixed, risk-based broker model, with payment withhold*
- **Care coordination and case management**
 - Employ community health workers
 - Health homes
 - Use community based care management entities*



Promoting Awareness & Accessibility Strategies & Best Practices, cont'd

- **Ensuring consideration of EPSDT in state policies**
 - Focus on UR, prior authorization, and “fair hearings”
 - Use 75% SPMP matching funds to support use of subject matter experts
 - Increase EPSDT knowledge, collect data
 - Require MCPs and hearing officials to document consideration of EPSDT
 - Extend EPSDT technical assistance to MCPs*
 - Web-based, EPSDT-specific provider training*
 - Regularly review decisions on PA requests or appeals in EPSDT cases for clinical appropriateness*



Promoting Awareness & Accessibility Strategies & Best Practices, cont'd

- **Using managed care to improve awareness and accessibility**
 - Use state directed payments related to performance
 - Utilize ILOS to expand services
 - Focus on pediatric provider networks
 - Monitor and improve performance
 - “Use and enforce” managed care contract language*
 - Sanctions and financial incentives
 - Implement a PIP to ensure occurrence of WCV*
 - Include children with disabilities or complex medical needs in quality strategies



Expanding and Using the Child-Focused Workforce

Covered topics:

- Broadening provider qualifications to expand the workforce
- Using telehealth to expand the EPSDT workforce
- Encouraging the use of interprofessional consultation to address shortages
- Using payment methodologies that incentivize provider participation



Expanding and Using the Child-Focused Workforce

EPSDT Requirements:

- In FFS, must ensure that beneficiaries may obtain services from any qualified provider.
- If allowed by federal or state law governing scope of practice, may expand the pool of providers by providing training, support, and creating paraprofessional qualifications.
- Provision of telehealth services must meet requirements of Medicaid law and state plan/waiver, and other federal law
- Interprofessional consultation may be covered under a variety of service options, such as physician or rehabilitation



Expanding and Using the Child-Focused Workforce, EPSDT Requirements, cont'd

Payment Methodologies

- Payments must be consistent with efficiency, economy, and quality of care and sufficient to enlist providers to ensure services are available to the same extent as the rest of the population in the area
- managed care capitation rates must be actuarially sound and projected to provide for all reasonable costs for services and populations covered.



Expanding and Using the Child-Focused Workforce, Strategies and Best Practices for Compliance

- Broadening provider qualifications to expand the workforce
 - Develop non-licensed providers
 - Broaden role of existing providers
- Use telehealth to expand the EPSDT workforce
 - Use out of state providers
- Encouraging the use of interprofessional consultation to address shortages
 - Pediatric Mental Health Care Access Program (PMHCA) consultation
 - Collaborative Care Model (CoCM)*
- Use payment methodologies that incentivize provider participation
 - Use differential rates (e.g. in different regions)*

Improving Care for Children with Specialized Needs

Covered Topics

- children with behavioral health needs
- children in or formerly in foster care
- children with disabilities or other complex needs

Improving Care for Children with Behavioral Health Needs

- **EPSDT Requirements**

- States must provide coverage for an array of medically necessary mental health and SUD services along the care continuum
- This includes screening and assessment, skill building, community based services at various levels of intensity, crisis services, and inpatient care only when medically necessary
- States have an obligation to ensure that there are an array of services to meet children's needs, but have flexibility in how they meet the obligation
- states should avoid requiring a specific behavioral health diagnosis
- States must not categorically exclude children with a disability

Improving Care for Children with Behavioral Health Needs, EPSDT Requirements, cont'd

- States must ensure that services are provided in the most integrated setting appropriate (*Olmstead*)
- States must ensure compliance with the Mental Health Parity and Addition Equity Act



Improving Care for Children with Behavioral Health Needs

- **Strategies and Practices for Compliance**
 - Use primary care for mild to moderate needs
 - Use new model Certified Community Behavioral Health Clinic (CCBHC) option
 - Intensive home-based services
 - Rely on treatment in inpatient and residential settings only when necessary
 - Create a seamless and comprehensive behavioral health system for children*
 - Establish a single point of entry
- NOTE: CMS anticipates publishing a Children's EPSDT Behavioral Health Toolkit

Improving Care for Children Formerly in Foster Care

- **Requirements**

- States should ensure that children receive an initial assessment of acute physical and behavioral health needs within a few days of placement, followed by a more thorough assessment
- States are required to maintain coverage for former foster youth until age 26

Improving Care for Children Formerly in Foster Care

- **Strategies and Best Practices for Compliance**
 - Develop collaborative relationship with the child welfare agency
 - Use dedicated MCPs*, wraparound, enhanced rates for primary care
 - Require MCP to assign trauma-informed care manager*

Improving Care for Children with Disabilities

- **Requirements**

- State Medicaid agencies must have interagency agreements with Title V agencies and may develop these agreements with other agencies
- States must receive waivers to enroll children with disabilities in managed care
- States must develop and enforce pediatric network adequacy standards
- States are required to pay for services provided by out-of-state providers when services are more readily available in another state

Improving Care for Children with Disabilities, Requirements, con'td

- 1915(c) waivers may supplement the array of state plan services mandated under EPSDT
- States must develop person-centered service plans
- States must determine whether any medically necessary services included on a PCSP are coverable under EPSDT before covering through the waiver
- A state's decision to cover a state plan service through a waiver cannot be used to deny, delay, or limit access to EPSDT-required services
- Medicaid-enrolled children on a waiver wait list are entitled to all EPSDT services

Improving Care for Children with Disabilities or other Complex Needs

- **Strategies and Best Practices for Compliance**
 - Enroll in managed care plans
 - Provide care coordination
 - Coordinate programs and provide a broad range of non-medical services*
 - Implement a program to help families navigate care*

Honorable mentions (good things they say repeatedly)

- EPSDT is individualized; therefore, individual children must get the care they need, when they need it, in the most appropriate setting
- Regardless of the use of contractors (e.g., MCPs), states retain ultimate responsibility for ensuring compliance with EPSDT requirements
- States must cover services in 1396d(a) to correct or ameliorate the child's condition, regardless of whether the condition was present and identified during a WCV

Honorable mentions (paying attention to persistent problems)

- Outreach materials must educate and clearly inform providers
- EPSDT coverage requirements apply to the state and MCPs, to PA and AFHs
- States & MCPs must have sufficient pediatric provider networks & include out-of-plan and/or out-of-state coverage if needed
- States must ensure that UR software is consistent with EPSDT medical necessity requirement
- When determining coverage, individual child's long term needs should be considered, not just requirements for the immediate situation



Honorable mentions (requirements to address persistent problems on the ground)

- The importance of the specificity of states' contracts with MCPs is recognized
- States are required to assess both physical and mental health development
- A specific behavioral health diagnosis is not required for provision of services
- EPSDT comes first, then HCBS waiver services
- The ADA/Olmstead create community integration requirements separate and apart from Medicaid



Weaknesses

- Fails to emphasize the power of EPSDT's "Early" requirement
- Treats requirements as strategies (e.g., monitor appeals in MCOs)
- Does not discuss long-standing requirements for states to offer appointment scheduling & transportation assistance prior to the due date of each WCV
- May imply that transportation services are optional for children
- Coverage requirements for case management & care coordination are not precise
- Discussion of expedited review for prior authorization could better reflect EPSDT's preventive thrust

NHeLP Advocacy and Next Steps

- Updating *EPSDT Guide for the States*
- Using the SHO opportunity to raise EPSDT awareness
 - Isolating best practices
 - Identify states that are used as examples
 - Developing model MCP contract language
 - Developing checklist for maximum monitoring of EPSDT in MCPs
- Partnering with state advocates as they work with their states
- Establishing Advisory Group for designing a 21st Century EPSDT benefit

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